



MONTESSORI LEARNING CENTER

Student Emergency Information and Medical Release Form

Montessori Learning Center (MLC)

7605 Sierra Ave., Fontana, CA 92336

(909) 900-4390 | mlcschool@gmail.com

<https://mlcschool.net/>

This form provides critical information to be used in the event of an illness, accident, or other emergency involving a student.

STUDENT INFORMATION

Student Full Name: _____

Date of Birth: _____

Grade: _____

Home Address: _____

City/State/Zip: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian #1 Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Parent/Guardian #2 Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____



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EMERGENCY CONTACTS (OTHER THAN PARENTS)

Contact #1 Name: _____

Relationship to Student: _____

Cell Phone: _____

Contact #2 Name: _____

Relationship to Student: _____

Cell Phone: _____

MEDICAL INFORMATION

Primary Care Physician: _____

Physician Phone: _____

Preferred Hospital: _____

Insurance Provider: _____

Does the student have any allergies? ____ Yes ____ No; If yes, please list and describe reactions:

Does the student have any medical conditions? ____ Yes ____ No; If yes, please explain:

Is the student currently taking any medications? ____ Yes ____ No; If yes, please list medications and dosages:

Does the student require any special accommodations or medical devices?



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ADDITIONAL INFORMATION:

Please use the space below to share any additional information that may be helpful or necessary for school staff or emergency personnel to know. If not applicable, disregard this section.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event that I cannot be reached in an emergency, I authorize school personnel to seek and obtain necessary emergency medical treatment for my child.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____